REPORT DOCUMENTATION PAGE

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Evaluation of a Tool to Predict 90-day Readmission or Death Following Hospitalization for COPD Capt Alexander S Patlovany, PharmDa; Annabel L Schumaker, PharmDb

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BACKGROUND

exacerbation of COPD7 death in patients discharged following an admission for an acute PEARL was developed as a predictive tool for 90-day readmissions or BODEX⁵) or health status (DOSE⁶) rather than hospital readmission. were developed primarily to determine risk of death (ADO4 and readmitted3. Several predictive models exist for COPD; however, they between provider groups, no group accurately predicted who would be identifying patients at high risk for readmission. In a comparison Francisco Medical Center, a study found that clinicians have difficulty readmission within 90 days 1.2. At the University of California San admission with approximately one-third of patients requiring COPD exacerbations are one of the most common reasons for hospital

translate into better overall patient heath and better use of limited high risk patients with early interventions. Early interventions may readmission or death within 90 days would allow clinicians to target An effective predictive tool for identifying patients at high risk for

PURPOSE

provides predictive value. PEARL. It is unknown if the PEARL tool modified with mMRC still validated measure of dyspnea,9 which is the dyspnea score used with (mMRC) dyspnea scale. SAMMC uses mMRC rather than eMRCD as a replacing the eMRCD with the modified Medical Research Council purpose of this study is to evaluate the predictive ability PEARL extended Medical Research Council Dyspnea (eMRCD) score. The readmission or death after admission for a COPD exacerbation using the heart failure) tool has previously been validated to predict 90-day Dyspnoea Scale (eMRCD), Age, Right-sided heart failure, Left sided The PEARL (Previous admissions, Extended Medical Research Council

- Center (SAMMC) admission data for the 18 month period from 1 Jan This retrospective cohort study will use San Antonio Military Medical 2016 to 30 Jun 2017.
- The target population is adults over 18 years of age with a diagnosis of COPD who have received care one of the medical center facilities.
- The study has been approved by the Institutional Review Board.
- An electronic medical record ad hoc report will identify patients admitted with a primary diagnosis of acute exacerbation of COPD.
- and outcomes data. The following data will include the PEARL indices, demographic data,
- A modified PEARL score will be calculated using mMRC scores of 0, 1, and as 5b in a second calculation. mMRC scores of 4 will be assessed as eMRCD 5a in one calculation 2, and 3 (replacing eMRCD scores of 1, 2, 3, and 4 respectively);
- Chi-square will be used to compare PEARL risk assignment (low, or death without readmission at both 90 days and at 30 days. intermediate, or high) with the combined endpoint of readmission
- Imputation will be used to handle missing data

| PEARL Indices | eMRCD | mMRC |
|---|--|--|
| vious admissions 1 - | 1 - Breathless with strenuous exercise | 0 - Breathless with strenuous exercise |
| RCD 2- | 2 - Breathless when hurrying on level or walking up slight hill | 1 – Breathless when hurrying on level or walking up slight hill |
| 3 - sto | 3 - Walks slower than peers or stops walking at own pace | 2 - Walks slower than peers or stops walking at own pace |
| ht-sided heart failure mir | 4 – Stops after 100m or for a few minutes on level | 3 – Stops after 100m or for a few minutes on level |
| Tov 5a 5-sided heart failure wa 5b | Too breathless to leave house and: 5a - independent in washing/dressing 5b - dependent in washing/dressing | 4 too breathless to leave house or breathless when dressing/undressing |

Righ

eMF Age

RESULTS

- through 30 Jun 2017. An admission report was run with data from 1 Jan 2016
- acute exacerbation of COPD. 410 admissions were found to have a primary diagnosis of
- inpatient medical records. Data is currently being extracted from outpatient and

DISCUSSION

Pending results

CONCLUSION

Pending results

REFERENCES

pulmonary disease. Commission for Healthcare Audit and Inspection, 2006. Healthcare Commission. Clearing the air. A national study of chronic obstructive

Roberts CM, et al. Thorax. 2002;57:137-41

 Puhan MA, et al. Lancet. 2009;374:704-11 3. Allaudeen N, et al. *JAMA Intern Med*. 2016;176(4):484-493

5. Soler-Cantaluna JJ, et al. Respir Med 2009;13:692-9

Jones RC, et al. Am J Respir Crit Care Med. 2009;180:1189-95 7. Echevarria C, et al. *Thorax*. 2017;72:686-693.

9. Casanova C, et al. Chest. 2015;148(1):159-168 8. Vestbo J, et al. Am J Respir Crit Care Med. 2013;187:347-65

DISCLOSURES

ent, gifts, stock holdings, and honora real or apparent, and

ed herein are those of the author(s) and do not reflect the official policy or al Center, the U.S. Army Medical Department, the U.S. Army Office of the ent of the Army, the Department of the Air Force and Department of Defens